

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 11/09/01  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit:: 3762  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:  
Computer Readable Form (CRF)?:  
Number of copies of CRF::  
Title:: Techniques For Selective Activation Of Neurons In  
The Brain, Spinal Cord Parenchyma Or Peripheral  
Nerve  
Attorney Docket Number:: 11738.00050  
Request for Early Publication?: NO  
Request for Non-Publication?: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 19  
Small Entity?: NO  
Latin name::  
Variety denomination name::  
Petition included?: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: NO

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: Baudino  
Name Suffix::  
City of Residence:: Minneapolis  
State or Province of Residence:: Minnesota  
Country of Residence:: USA  
Street of mailing address:: 1656 127<sup>th</sup> Ave. NW  
City of mailing address:: Coon Rapids, Minneapolis  
State or Province of mailing address:: Minnesota  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55448

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: T.  
Family Name:: Rise  
Name Suffix::  
City of Residence:: Monticello  
State or Province of Residence:: Minnesota  
Country of Residence:: USA  
Street of mailing address:: 7745 Aetna Avenue NE  
City of mailing address:: Monticello

State or Province of mailing address:: Minnesota  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55362

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

### Correspondence Information

Correspondence Customer Number:: 22908

### Representative Information

Representative Customer Number:: 22908

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/302,519	04/30/99


### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Medtronic, Inc.  
 Street of mailing address:: 710 Medtronic Parkway NE  
 City of mailing address:: Minneapolis  
 State or Province of mailing address:: Minnesota  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 55432-5604